

KZ1000181063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

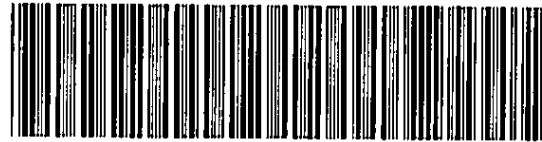
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/10/21--01002--021 **25.00

2021 AUG 04 11:14:33



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG -4 AM 8:09

July 19, 2021

TOMAS KUCERA
1108 KANE CONCOURSE
SUITE 206
BAY HARBOR ISLANDS, FL 33154

SUBJECT: KUCERA LAW FIRM LLC
Ref. Number: L21000181063

We have received your document for KUCERA LAW FIRM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 021A00013581

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: KUCERA LAW FIRM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOMAS KUCERA

Name of Person

Firm/Company

PO BOX 3032

Address

HALLANDALE, FL 33008

City/State and Zip Code

TK@KuceraLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tomas Kucera

at (305) 677-3463

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

↑
ALREADY
SUBMITTED

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KUCERA LAW FIRM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04-19-2021 and assigned Florida document number L21000181063.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KUCERA LAW FIRM, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A (NO CHANGE)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

c/o Tomas Kucera

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 3032

HALLANDALE, FL 33008

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A (NO CHANGE)

New Registered Office Address:

N/A (NO CHANGE)

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Specific Purpose of this Entity: Practice of Law and any and all activities related to and supporting the practice
of law and performance of real estate closing, title and escrow services.

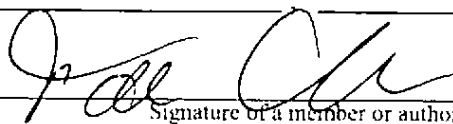
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 29, 2021



Signature of a member or authorized representative of a member

TOMAS KUCERA

Typed or printed name of signer